

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024124

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUN 18 1962

Primary Registration District No.

3052

Registrar's No.

225

VS 300
Rev. 4/59

10808

208082

3

4 0

5 0

6

7 0

8 2

9 9

10 0

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Pettis

c. CITY
OR TOWN SedaliaInside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
2101 East 16thReside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

WILLIAM

ELMO

BROWN

4. DATE OF DEATH

Month

Day

Year

June

10

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

10-24-1870

91

IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Book Binder and Printer

10b. KIND OF BUSINESS OR INDUSTRY

Lamar Mo

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Samuel F. Brown

13b. MOTHER'S MAIDEN NAME

Sarah Manker

14. NAME OF HUSBAND OR WIFE

Mrs. James Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. James Atkinson

Address 2101 E. 16th

Sedalia

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe Dehydration & Imposition

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Severe resistant wound infection

1 month

DUE TO (c)

Fracture of left hip

3 1/2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))

Cerebral arteriosclerosis & senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Left hip operated and prothesis inserted.

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 10, 1957, to June 19, 1962, and last saw him alive on June 9, 1962.

Death occurred at 10:50 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert J. Campbell, MD

22b. ADDRESS

312 1/2 So. Ohio Sedalia, Mo

22c. DATE SIGNED

6-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-12-1962

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

23d. LOCATION (City, town, or county)

Sedalia

23e. STATE

Mo

24. FUNERAL DIRECTOR

M^{rs} Laughlin Bros Sedalia

25. DATE RECD. BY LOCAL REG.

June 11, 1962

26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

8881 ST NRP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K.P. Milary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.